

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FLING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	1						66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28	1						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40	1						90						
41							91						
42							92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		1					97						
48		1					98						
49		1					99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	57						TOTAL CLAIMS						

FILING DATE

APPLICANT(S)

CLAIMS

TOTAL IND.	
TOTAL	
DEP.	
TOTAL	
CLAMS	

TOTAL IND.	
TOTAL	
DEP.	
TOTAL	
CLAIMS	